

email 6-27-05

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9697
Logged In	KH
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

Muni PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (If Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Kws Atubis

SIGNATURE OF PERSON FILING REPORT

(515) 289-1999
TELEPHONE

6/27/05
DATE SIGNED

I AM FILING A Jan 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☒ CHECK IF AMENDMENT TO REPORT DATED Jan 19 2004

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1390⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

1390⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

20.98

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ ✓ 1369.02

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM X	

COMMITTEE NAME (Must be same as on Statement of Organization)

MuniPAC

*None filed originally

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/23/03	ID# CK#	Iowa State Bank 627 East Locust Des Moines 50309	Open account - Blank checks / deposit slips	\$ 15.00
12/31/03	ID# CK#	Iowa State Bank 627 East Locust Des Moines 50309	Monthly service Charge & sales tax	5.98
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 20.98
TOTAL (If last page of this schedule)				\$ 20.98

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Luni PAC

IMPORTANT: Indicate type of committee you are reporting for: ☒ 2(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party

Office Sought

District (if Senate or House)

JAN 19 2004
Jax**FORM
DR-2**

(Rev. 07/2003)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

4697

Logged In

Scanned

Computer

Audited

Julie A Smith

(515) 210-6616

1/19/04

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A Jan. 9 (Oct. 15 - Dec. 31) REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) 2003Indicate one ☒ 2☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HANDCASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) \$ - 0 -**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below) 1390 -

Schedule F: Loans Received total (Attach Schedule F) - 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H) - 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1390

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) - 0 -

Schedule F: Loan Repayments total (Attach Schedule F) - 0 -

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 1390

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ - 0 -

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ - 0 -

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ - 0 -

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Muni PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 86B.32A(8), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/10/03	ID# CK#	Robert Haug 1145 Oklahoma Drive Ames, IA		\$ 500	<input type="checkbox"/>
12/11/03	ID# CK#	Eric Gurd 502 W. 42nd Tipton, IA 52772		250	<input type="checkbox"/>
12/12/03	ID# CK#	Sandra Whannel 644 Elm St. Trier, Ia.		50	<input type="checkbox"/>
12/15/03	ID# CK#	Bruce Overton 714 1st St. Trier, IA		50	<input type="checkbox"/>
12/15/03	ID# CK#	Daniel Wenzel 1011 7th St NE Independence, IA		100	<input type="checkbox"/>
12/16/03	ID# CK#	Duane Armstrong 2187 S. Mills Greenfield		100	<input type="checkbox"/>
12/18/03	ID# CK#	Brian Meyer 207 Terrace Dr. Independence		100	<input type="checkbox"/>
12/18/03	ID# CK#	Richard Thompson P.O. Box 356 Trier Ia.		50	<input type="checkbox"/>
12/19/03	ID# CK#	Andy Latwesen 1582 22nd St. Independence, Ia		35	<input type="checkbox"/>
12/27/03	ID# CK#	Glen Cannon 1012 7th Ave. NW		35	<input type="checkbox"/>
SUB-TOTAL				\$ 1270	

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MuniPAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 88B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/29/03	ID# CK#	Kenny D. Johnson 401 5th Ave SE Independence, IA		\$ 35	<input type="checkbox"/>
12/31/03	ID# CK#	Ron Curry 403 5th Ave SE Independence, IA		35	<input type="checkbox"/>
12/10/03	ID# CK#	Fynne Don Carlos P.O. Box 149, 408 W 2nd Greenfield, IA		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 120

TOTAL (If last page of this schedule)

\$ 1390

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(for Schedule A)